



INSTRUCTIONS for Water Use Measurement Forms

PRESSURIZED FLOW

Fill out one **Water Use Measurement Form No. 3 – Pressurized Flow** report for each device measuring a pressurized flow. For multiple devices measuring one water right, please identify the device by either the name you use for each pressurized system or serial number of the meter. Pressurized pipe flows may be from surface diversions or groundwater withdrawals.

Data on your water use under your water right

- **Flow:** For those reading meters manually, enter the flow registered by the flow indicator on the meter. For meters that don't have an indicator (only a totalizer), measure the use over a period of several minutes to estimate the flow and use that value. For example, if 700 gallons is used over 3.3 minutes; report 212 gpm ($700/3.3$). Reasonable effort should be made to take the peak flow measurement when demand is close to its maximum over a period of time. If weekly readings are reported (see Reporting, above), demand over time will be more representative.

For those with electronic data collection, fill in the highest flow rate during the shortest interval that data is collected. For example, if your equipment takes a reading once every 15 minutes, then report the highest flow for a 15 minute period during the month. **Please check the appropriate units and fill in the date.** If data is collected electronically, Ecology has an electronic spreadsheet that users can use with your computer.

- **Monthly volume:** Fill in the total volume used during the month based on the meter readings recorded. If you choose to record weekly volumes on the reporting form and submit that form for your report, the calculation of total volume can be done automatically when the data is entered into the database (see Reporting, above.) If not, then users will have to perform the calculations. **Please circle the appropriate units.**
- **Total annual volume:** Fill in the total amount of water used during the year. If you use the reporting form for recording (see Reporting, above) and submit that form for your report, the calculation can be performed automatically when the data is entered into the database. **Please circle the appropriate units.**
- **Peak instantaneous flow:** Fill in the highest peak instantaneous flow that occurred during the last year. Again, if you use the reporting form for recording also, then that calculation can be performed automatically when the data is entered into the database. **Please circle the appropriate units.**
- **Comment:** If a water source is not being used or data is not being collected please provide an explanation in the comments section.

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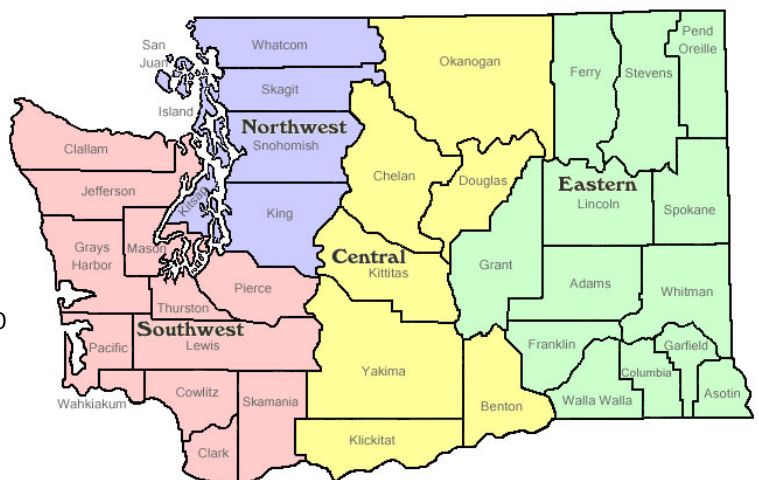
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Water Use Measurement Form No. 3 - Pressurized Flow
Fill out Form No. 3 ONLY if you have pressurized flow (from either ground or surface water).
Fill out one form for each measuring device.

Name/Organization: _____ Water Right Number(s): _____

Section _____ Township _____ Range _____ ☐ (E) ☐ (W) _____ (¼) _____ (¼ ¼) Govt. Lot _____

Measuring Device Serial No. name or number: _____

Please check APPROPRIATE UNITS

Week	Date	Meter Reading (<input type="checkbox"/> gallons, <input type="checkbox"/> ac-ft <input type="checkbox"/> other)	Peak Flow (<input type="checkbox"/> gpm <input type="checkbox"/> cfs <input type="checkbox"/> other)
Start			
January			
February			
March			
April			
May			
June			

Week	Date	Meter Reading (<input type="checkbox"/> gallons, <input type="checkbox"/> ac-ft <input type="checkbox"/> other)	Peak Flow (<input type="checkbox"/> gpm <input type="checkbox"/> cfs <input type="checkbox"/> other)
Start			
July			
August			
September			
October			
November			
December			

Month	Monthly Volume (<input type="checkbox"/> gallons <input type="checkbox"/> ac-ft <input type="checkbox"/> other)	Month	Monthly Volume (<input type="checkbox"/> gallons <input type="checkbox"/> ac-ft <input type="checkbox"/> other)	Month	Monthly Volume (<input type="checkbox"/> gallons <input type="checkbox"/> ac-ft <input type="checkbox"/> other)	Month	Monthly Volume (<input type="checkbox"/> gallons <input type="checkbox"/> ac-ft <input type="checkbox"/> other)
January		April		July		October	
February		May		August		November	
March		June		September		December	

Total Annual Volume _____ (☐ gallons ☐ ac-ft ☐ other _____) Peak Instantaneous Flow _____ (☐ gpm ☐ cfs ☐ other _____)

Comments: _____